Only

STATEMENT OF

PAGE 1 / 11 =

FEC FORM 1		_	RGANIZ		_				Offi	ice Use	Only		
1. NAME OF COMMITTEE (ir	, full\		Check if name		ple:If typing, t	ype	12F	E4M!			1		
•	,		s changed)	over	the lines.		-	-			1		
Kansas Re	public	an Pa	rty 										
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ADDDE00 /		PO Box 4	1157										
ADDRESS (number a	•												
is changed		Tanaka					140		0000	1 04.53			
		Topeka					KS L		6660	04-0157			ш
		CI	TY▲				STATI	E▲			ZIP C	ODE ▲	
COMMITTEE'S E-MA	AIL ADDRE	ESS											
(Check if a		bdool@	Kansas.gop	1 1 1			1 1	1 1	1 1	1 1	1 1	1 1	1
is changed	<i>(</i> ג	Ontional	Second E-Mail A	ıddress									
			rcing@aristo										
COMMITTEE'S WEB		DRESS (UI) www.kan,	ŕ										
		1		1 1 1			1 1	1 1	1 1	1 1	1 1	1 1	1
2. DATE 1	M / D 2	6 / Y	y y y 2020										
3. FEC IDENTIFIC	CATION N	UMBER >	C	C00004606									
4. IS THIS STATEM	MENT	NEW	(N) OR	×	AMENDED) (A)							
certify that I have e	examined t	his Stateme	nt and to the bes	st of my kr	owledge and	belief it i	s true,	correc	t and	comple	ete.		
Type or Print Name	of Treasure	er Dool, Bo	b, , ,										
Signature of Treasure	er <i>Dooi</i>	, Bob, , ,		<u> </u>	Electronically Fi	iled]	Date	M 1	0 /	26] ′ [202	
NOTE: Submission of	false, error		omplete informatio							penaltie	s of 2	U.S.C.	§437g.
Office Use				F	For further informage Federal Election (Followers)	Commissio			l		FOR		

Toll Free 800-424-9530

Local 202-694-1100

FEC F e	orm 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE ce Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Demogratio
(d) x	This committee is a STA (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		_
Kansas Repub	lican Party	
•	Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
Protect the House		
	PO Box 30844	
Mailing Address		
	Bethesda MD	20824-0844
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee X Joint Fundraising Representative	ve Leadership PAC Sponsor
Custodian of Records: Idea books and records.	entify by name, address (phone number optional) and position of the per-	son in possession of committee
Wellman	Emily, , ,	
Full Name	935 Avenue X	
Mailing Address		
	Alden	67512-9322
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	5 224 7011
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
Full Name Dool, Bob), , ,	
Mailing Address	10801 E Glengate Cir	
	Wichita KS	67206-8902 _
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	6

Full Name of Designated Agent	Kuckleman, Mike, , ,	1 1 1 1 1
Mailing Address	10740 Nall Ave	
	Ste 250	
	Overland Park KS 66211-136	67
		IP CODE
Title or Position Designated Age		48 - 8612
Banks or Other	er Depositories: List all banks or other depositories in which the committee deposits funds, holds	accounts, rents
		, , , , , , , , , , , , , , , , , , , ,
safety deposit b	Depository, etc.	
safety deposit b	boxes or maintains funds.	
safety deposit b	Depository, etc. Fidelity State Bank 1600 S Kansas	
safety deposit b Name of Bank,	Depository, etc. Fidelity State Bank 1600 S Kansas	
safety deposit b Name of Bank,	Depository, etc. Fidelity State Bank 1600 S Kansas	
safety deposit b Name of Bank,	Depository, etc. Fidelity State Bank 600 S Kansas Topeka Topeka KS 66603	IP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. Fidelity State Bank 600 S Kansas Topeka Topeka KS 66603	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Fidelity State Bank 600 S Kansas Topeka CITY STATE Z	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Fidelity State Bank 600 S Kansas Topeka CITY STATE Z Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Fidelity State Bank 600 S Kansas Topeka CITY STATE Z Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Fidelity State Bank 600 S Kansas Topeka CITY STATE Z Depository, etc.	

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amended to add joint fundraising committees NRSC Targeted Victory and Team Marshall II.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____11___

(h). Joint Fundraisi r	ig randopant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Watkins Victory C			· · · · · · · · · · · · · · · · · · ·
Mailing Address	PO Box 30844		
	1		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Comments	d Owner institut	Conduciaina December	ativa Di sadarahia BAC Cr
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds. Fargo Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

or(h). Joint Fundraisin	g Participant:		
1.	•	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	C
7.			
Name of Any Connected	Organization, Affiliated Committee, Joir	nt Fundraising Representat	ive, or Leadership PAC Sponsor
Team Estes			
Mailing Address	PO Box 30844		
	Bethesda		20824-0844
Relationship:	CITY A	STATE A	▲ ZIP CODE ▲
Connected	d Organization Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Sponsor
Full Name	/ by name, address (phone number – opti		
Mailing Address			
	1		
TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
IIILE ON FOSITION		Telephone Number	
safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds. / State Bank	n which the committee depo	sits funds, holds accounts, rents
			71D 0007
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____11___

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
TRUMP VICTORY	Y		
	CORPORIDATE COLUTIONS		
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA MA	01915-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	
	y by name, address (phone number – optional)		Leadership PAC Sp
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	
Full Name	CITY A		
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	CITY A ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositorafety deposit boxes or mail ame of Bank, Chain	CITY A ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Lanks or Other Depositor afety deposit boxes or mail ame of Bank, Chain depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Depositor afety deposit boxes or mail	CITY ▲ CITY ▲ ries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail Jame of Bank, Chain Depository, etc.	CITY ▲ CITY ▲ ries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____11___

	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
Name of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
=	ED STATE VICTORY		
Mailing Address	PO Box 60148		
	Washington	DC	20039-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte Pesignated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi		STATE A	ZIP CODE A
Designated Agent: Identi	CITY	STATE A	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or mailing and mailing	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	
Pesignated Agent: Identic Full Name	CITY ▲ CITY ▲ Ories: List all banks or other depositories in which reaintains funds. Of America 600 N Washington St	Telephone Number	s funds, holds accounts, rents
Pesignated Agent: Identic Full Name	CITY A CITY A pries: List all banks or other depositories in which anintains funds. of America	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h). Joint Fundraising F	Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
6. Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	PO Box 26141		
L			
	Alexandria	L VA	22313-6141
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected O	rganization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
Designated Agent: Identify by Full Name Mailing Address	name, address (phone number – optional)		
Full Name	name, address (phone number – optional)		
Full Name			
Full Name	name, address (phone number – optional) CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name	CITY Tel S: List all banks or other depositories in which ti	ephone Number	ZIP CODE 🛦

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisi	ng rantoipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
=	d Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
Take Back The H	louse 2020		
	₁ PO Box 30844		
Mailing Address			
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identic	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A